

COUNTRY PROFILE: NIGERIA

NIGERIA COMMUNITY HEALTH PROGRAMS
JANUARY 2014









Advancing Partners & Communities

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-I2-00047, beginning October I, 2012. APC is implemented by JSI Research & Training Institute in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

Recommended Citation

Advancing Partners & Communities. 2014. Country Profile: Nigeria Community Health Programs. Arlington, VA: Advancing Partners & Communities.

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This publication was produced by Advancing Partners & Communities (APC), a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

^{*} Adapted from the Health Care Improvement Project's Assessment and Improvement Matrix for community health worker programs, and PATH's Country Assessments of Community-based Distribution programs.

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ACRONYMS

AIDS acquired immunodeficiency syndrome

ANC antenatal care

CBD community-based distributors

CHEW community health extension workers

CHO community health officers
CHW community health worker
CORP community resource person

DMPA injectable contraceptive Depo-Provera

FAM fertility awareness methods

FP family planning

GON Government of Nigeria

HIV human immunodeficiency virus

HMIS health management information system
ICT information and communications technology
IEC information, education, and communication
IMCI integrated management of childhood illnesses

IPTp intermittent preventive treatment (of malaria) in pregnancy

IRS indoor residual spraying IUD intrauterine device

ICHEW junior community health workers

MCH maternal and child health

MIS management information system MNCH maternal newborn and child health

MOH Ministry of Health

NGO nongovernmental organizations

NPHCDA National Primary Healthcare Development Agency

ORS oral rehydration solution
PHC Primary Health Care System

PMTCT prevention of mother-to-child transmission (of HIV)

PPH postpartum hemorrhage RH reproductive health SDM standard days method

SP sulphadoxine-pyrimethamine (for treatment of uncomplicated malaria)

STI sexually transmitted infections
TBA traditional birth attendants
VCT voluntary counselling and testing

VHW village health workers

WASH water, sanitation, and hygiene

WMHCP Ward Minimum Health Care Package

I. INTRODUCTION

This Country Profile is the outcome of a landscape assessment conducted by Advancing Partners & Communities (APC) staff and colleagues. The landscape assessment focused on the United States Agency for International Development (USAID) Population and Reproductive Health priority countries, and includes specific attention to family planning as that is the core focus of the APC project. The purpose of the landscape assessment was to collect the most up to date information available on the community health system, community health workers, and community health services in each country. This profile is intended to reflect the information collected. Where possible, the information presented is supported by national policies and other relevant documents; however, much of the information is the result of institutional knowledge and personal interviews due to the relative lack of publicly available information on national community health systems. As a result, gaps and inconsistencies may exist in this profile. If you have information to contribute, please submit comments to info@advancingpartners.org. APC intends to update these profiles regularly, and welcomes input from our colleagues.

II. GENERAL INFORMATION

1	What is the name of this program*, and who supervises it (Government, nongovernmental organizations (NGOs), combination, etc.)?	There is no formal or separately defined community health program in Nigeria. Instead, community health services are an integral part of the regular public health system. Health care at the community level is considered a standard part of the Primary Health Care (PHC) System offered through the National Health Policy. For the purposes of this assessment, the program will be referred to as the PHC System.
	Please list all that you are aware of. *If there are multiple programs, please add additional columns to the right to answer the following questions according to each community health program.	The federal government sets the national policy that guides all community health workers (CHWs); however, there are state-level modifications that depend on culture and religion.
2	How long has this program been in operation? What is its current status (pilot, scaling up, nationalized, non-operational)?	A specific cadre of health worker intended to provide community based health services dates back to the 1970's. The National Health Policy gives States and local governments the responsibility for training, compensating, and assigning all CHWs work.

3	Where does this program operate? Please note whether these areas are urban, peri-urban, rural, or pastoral. Is there a focus on any particular region or setting? Please note specific districts/regions, if known.	Community health services are provided nationwide in both urban and rural settings.
4	If there are plans to scale up the community health program, please note the scope of the scale-up (more districts, regional, national, etc.) as well as location(s) of the planned future implementation sites.	Although community health services are provided nationwide, there is a shortage of all types of health care providers in Nigeria, including CHWs. So, while no specific program or plans exists for scale-up, there is continuing enrollment and graduation of new CHWs and plans to improve service delivery in under-served areas through the Midwifery Services Scheme that will strategically place midwives and community health extension workers (CHEWs).
5	Please list the health services delivered by CHWs ¹ under this program. Are these services part of a defined package? Do these services vary by region?	The defined service package designed by the National Primary Healthcare Development Agency (NPHCDA) for delivery at the primary health care level is called the Ward Minimum Health Care Package (WMHCP). It includes six interventions: Control of communicable diseases including malaria, sexually transmitted infections (STIs), and HIV/AIDS Child survival including integrated management of childhood illnesses (IMCI) and routine immunization Maternal and newborn care including antenatal care (ANC), delivery, postnatal care, and family planning (FP) Nutrition Non-communicable disease prevention Health education and community mobilization.
6	Are FP services included in the defined package, if one exists?	Yes
7	Please list the family planning services and methods delivered by CHWs.	The family planning services in the NPHCDA include information and education, FP counseling across all methods, and the distribution of some contraceptive commodities.

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¹ The term "CHW" is used as a generic reference for community health workers for the purposes of this landscaping exercise. Country-appropriate terminology for community health workers is noted in the response column.

What is the general service delivery system (e.g. how are services provided? Door-to-door, via health posts/other facilities, combination)?

The community services are provided via community health centers, home visits, outreaches, and special campaigns depending on the cadre delivering the services.

III. COMMUNITY HEALTH WORKERS

9	Are there multiple cadre(s) of health workers providing services at the community level? If so, please list them by name and note hierarchy.	There are several cadres of CHWs working in Nigeria. The formal cadres of CHWs include, community health officers (CHOs), CHEWs, and junior community health workers (JCHEWs). Overall, these cadres' staff primary health care facilities that include health centers and clinics, dispensaries, and health posts, along with nurses or midwives, when available. Facilities at this level form the entry point of the community into the health care system.
		Community health officers staff primary health care facilities, including health posts, supervise CHEWs, and spend 40% of their time conducting community visits. CHOs can also be employed at secondary health facilities.
		Community health extension workers spend 60% of their time providing health services in the community and 40% providing services at health posts.
		Junior community health workers provide 80% of their time delivering services in the community and 20% at health posts.
		In addition to the formally recognized health workers, there are CHWs working for nongovernmental organizations.
		Community resource persons (CORPs) are a lower-level cadre made up of a variety of workers including traditional birth attendants (TBAs), community-based distributors (CBDs), and village health workers (VHWs).
		The CORPS are informal CHWs and the federal government does not provide programming or training for these workers. Thus, the majority of these workers are supported by NGOs. However, VHWs are beginning to be recognized by the government in an effort to expand maternal and child health programming.
10	Do tasks/responsibilities vary among CHWs? How so (by cadre, experience, age, etc.)?	Yes, responsibilities vary between cadres due to level of training and what type of facility they work in (primary, secondary, or tertiary). CHEWs and JCHEWs have similar roles, while the CORPs (VHW, TBA, CBD) are lay persons, so regardless of age or experience they usually focus on sensitization, education, and supporting health providers.
		CHOs are the highest-level cadre at the community level. They supervise CHEWs and receive more advanced training. However, in rural areas there may not be a distinction between training and skill level of CHOs and CHEWs.
		CHEWs and JCHEWs are tasked with providing general preventive, curative, promotive, and pre-referral care to the population as the entry point of the health care system at the community level. CHEWs and JCHEWs provide information, education, and communication (IEC) across health sectors, including family planning, malaria, hygiene, and community sanitation. They distribute some family planning methods and administer indoor and outdoor spraying for malaria eradication.
		CORPs employed by NGOs offer a variety of services, depending on the specific international NGO project or program. These services are often vertical, and not integrated across health sectors. They may make home visits to provide education, information, and treat simple ailments. They often lend support to MNCH; ANC; immunizations; water, sanitation, and hygiene (WASH), and first aid.

Ш	Total number of CHWs in program? Please break this down by cadre, if known, and provide goal and estimated actual numbers. Please note how many are active/inactive, if known.	The total number of community health practitioners (including CHOs, CHEWs, and JCHEWs) is 117,568, according to data from 2006. The number of CORPs (including TBAs, VHWs, and CBDs) is unavailable due to the informal nature of these cadres.				
12	Criteria for CHWs (e.g. age, gender, education level, etc.)? Please break this down by cadre, if known.	CHO CHOs must be 21 years of age and have completed an official CHO training, and obtained a degree in community health at a health technology school. CHOs must have prior experience as a CHEW or two years of post-graduate experience.	CHEWS must be 21 years of age and have completed health technology school.	JCHEW JCHEWs must be 18 years or older, have some high school education, and be enrolled in health technology school or recently graduated.	CORPs (TBA, CBD, VHW) Requirements for CORPS workers is dependent on the needs of the implementing NGO.	
13	How are the CHWs trained? Please note the length, frequency, and requirements of training. Please break this down by cadre, if known.	CHO CHOs complete a two-year (four-semester) formal training at a school of health technology. The result is a degree in community health.	CHEW CHEWs have completed two to three years of formal training, depending on their education level at enrollment. In addition to formal training, they also completed one year of onthe-job training, with mentorship. CHEWs are trained at schools of health technology run by the state governments. The entry requirements to become a CHEW are at least 5 General Certificate of Secondary Education (GCSE) credits including mathematics and English language. After completion	JCHEWs are trained in schools of health technology for two years on the provision of integrated primary health care services and community mobilization for health response. JCHEWs are monitored by the Community Health Practitioner's Registration Board after graduation.	CORPs (TBA, CBD, VHW) Training of all CORPs cadres varies by implementing NGO.	

14	Do the CHWs receive comprehensive training for all of their responsibilities at once, or is training conducted over time? How does this impact their ability to deliver services?	CHO They receive an initial comprehensive training through their CHO degree; this training is followed by occasional refresher training.	of training, the Community Health Practitioner's Registration Board is responsible for regulating the practice of CHEWs after graduation. CHEW They receive an initial comprehensive training through their two to three year degree, followed by occasional refresher trainings.	JCHEW They receive an initial comprehensive training through their two year degree, followed by occasional refresher trainings.	CORPs (TBA, CBD, VHW) They receive an initial comprehensive training, followed by occasional refresher trainings. This varies by implementing NGO however.
15	Please note the health services provided by the various cadre(s) of CHW, as applicable (i.e. who can provide what service).	IEC; maternal and newborn care, including antenatal and postnatal care; family planning services including provision of commodities and counseling; nutrition counseling; provision of immunizations; HIV/AIDS services including voluntary counseling and testing and follow-up care; tuberculosis identification and treatment; identification of malaria and provision of malaria treatment; curative services including treatment of infectious and childhood diseases; water and sanitation services; and oral health services including treatment of minor dental conditions	CHEW IEC, family planning, immunization, general wellness, sanitation and hygiene, intermittent preventive treatment of malaria for pregnant women (malaria IPTp)	JCHEW IEC, family planning, immunization, general wellness, sanitation and hygiene, malaria, tuberculosis, and HIV/AIDs	CORPs (TBA, CBD, VHW) The CORPs are often involved in treating minor ailments, providing community education, and partnering with higher-level public and private health care providers to increase enrollment in care. Specific health services may include malaria eradication including indoor and outdoor spraying, community sanitation, and family planning.

16	Please list which FP services are provided by which cadre(s), as applicable.	CHEWs often dele	For the formal cadres, actual services provided are often dependent on the community needs and staffing situation. CHEWs often delegate service delivery to JCHEWs. The table below highlights formal policy for the services that are provided by CHOS, CHEWs, and JCHEWs.					
			сно	CHEW	JCHEW	CORPs (TBA, CBD, VHW)		
		Information/ education	Standard days method (SDM), condoms, oral pills, injectables (in locations where trainings have occurred), intrauterine devices (IUDs), implants, emergency contraception, and permanent methods	Standard days method, condoms, oral pills, injectables (in locations where trainings have occurred), IUD, implants, emergency contraception, and permanent methods	Standard days method, oral pills, condoms, injectables, IUD, implants, emergency contraception, and permanent methods	Varies by NGO, but includes standard days method, condoms, oral pills, IUD, injectable contraceptive Depo-Provera (DMPA), implants, emergency contraception, and permanent methods		
		Method counseling	Standard days method, condoms, oral pills, injectables (in locations where trainings have occurred), IUDs, and emergency contraception	Standard days method, condoms, oral pills, injectables (in locations where trainings have occurred), and emergency contraception	Standard days method, condoms, and oral pills	Varies by NGO, but includes condoms and resupply of oral pills		
		Method provision	Condoms, oral pills, injectables, and IUDs	Condoms, oral pills, injectables (in sites where trainings have occurred), and emergency contraception	Condoms, oral pills, and emergency contraception	Varies by NGO, but includes standard days method, condoms, and resupply of oral pills		
		Referrals	Implants and permanent methods	Oral pills, injectables, IUDs, implants, and permanent methods	Oral pills, injectables, IUD, implants, emergency	Varies by NGO, but includes initial oral pill, injectables, IUD, implants operance.		

contraception, and permanent methods

implants, emergency contraception, and

permanent methods

17	Do CHWs distribute commodities in their communities (zinc tablets, FP methods, etc.)? Which programs/products?	CHO CHOs provide condoms, oral pills, injectable contraceptives, and IUDs for family planning. Additionally, CHOs distribute zinc, oral rehydration solution (ORS), malaria treatment, immunizations, vitamins and minerals for childhood nutrition, and various antibiotics for childhood illnesses and infectious diseases.	CHEW CHEWs distribute family planning commodities including condoms, oral pills, injectables in sites where the government has hosted trainings, and emergency contraception. Training on the administration of injectables is a new part of the service delivery package and follows a pilot in two States. Additionally, CHEWs distribute zinc, ORS, malaria treatment, bed nets, indoor residual spraying (IRS) for malaria prevention, various antibiotics to cure childhood illnesses, and administer HIV tests and some immunizations.	JCHEW JCHEWs distribute family planning commodities including condoms, oral pills, and emergency contraception pills. Additionally, JCHEWs distribute zinc, ORS, malaria treatment, bed nets, IRS, antibiotics for childhood illnesses, and administer some immunizations.	CORPs (TBA, CBD, VHW) CORPs cadres distribute a variety of commodities based on the implementing international NGO and health program provided.
18	Are CHWs paid, are incentives provided, or are they volunteers? Please differentiate by cadre, as applicable.	CHO CHOs are paid employees of the Government of Nigeria (GON).	CHEW CHEWs are paid employees of the GON.	JCHEW JCHEWs are paid employees of the GON.	CORPs (TBA, CBD, VHW) Payment varies by NGO and program. Some may receive remuneration for services but most do not.
19	Who is responsible for these incentives (Ministry of Health (MOH), NGO, municipality, combination)?	CHO State and local MOHs	CHEW State and local MOHs	JCHEW State and local MOHs	CORPs (TBA, CBD, VHW) If CORPs cadres receive payment, they are paid by NGOs.

20	Do CHWs work in urban and/or rural areas?	CHO CHOs work in both urban and rural areas; however, there are more CHOs in urban areas than rural areas.	CHEW Both urban and rural areas	JCHEW Both urban and rural areas	CORPs (TBA, CBD, VHW) Both urban and rural areas
21	Are CHWs residents of the communities they serve? Were they residents before becoming CHWs (i.e. are they required to be a member of the community they serve)?	CHO Information unavailable	CHEW CHEWs working in rural areas are members of the community in which they work. However, due to the shortage of personnel, they are not always from the areas they now reside and serve in. Residency is not required for CHEWs working in urban areas, however.	JCHEWS working in rural areas are members of the community in which they work. This is not required for JCHEWs working in urban areas, however.	CORPs (TBA, CBD, VHW) Most CORPs workers are members of the communities they serve. However, this requirement can vary by implementing NGO.
22	Describe the geographic coverage/catchment area for each CHW.	CHO CHOs provide services out of the primary health care facility and serve all villages accessing that facility, approximately 10-20,000 people.	CHEW One CHEW serves one ward or village.	JCHEW One JCHEW serves one ward or village.	CORPs (TBA, CBD, VHW) The catchment area is prescribed by the implementing NGO.

23	How do CHWs get to their clients (walk, bike, public transport, etc.)?	CHO CHOs see the majority of clients at the Primary or Secondary Health Facility. For community visits, CHOs use a variety of transportation methods.	CHEW CHEWs see clients at the facility where they work, at client's homes, or at another community location. When traveling outside of the facility to see clients, CHEWs use a variety of transportation methods including walking and public transport.	JCHEW JCHEWs see clients at the facility where they work, at client's homes, or at another community location. When traveling outside of the facility to see clients, JCHEWs use a variety of transportation methods including walking and public transport.	CORPs (TBA, CBD, VHW) Varies by implementing NGO, but all CORPs may walk, bike, or use public transport to see their clients.
24	Describe the CHW role in data collection and monitoring.	CHOs collect data for all the services provided.	CHEW CHEWs collect data for all services provided.	JCHEW Data collection is required for all services provided.	CORPs (TBA, CBD, VHW) All CORPs cadres collect data for the NGO's donor reporting purposes; data collection methods vary based on the implementing NGO.

IV. MANAGEMENT AND ORGANIZATION

25	Does the community health program have a decentralized management system? If so, what are the levels (state government, local government, etc.)?	Yes, health services, including the provision at the community level, are managed through a decentralized system. The levels include: • Federal government—Tertiary health care facilities • State MOH—Secondary health care facilities • Local government area councils—Primary care facilities.		
26	Is the MOH responsible for the program, overall?	Yes, the NPHCDA is responsible for health services provided at all levels, including at the community.		
27	What level of responsibility do regional, state, or local governments have for the program, if any?	At the Federal level, the education and registration of all CHOs and CHEWs (including JCHEWs) is coordinated by the Community Health Practitioners' Registration Board of Nigeria. This board also coordinates with the MOH and the National Primary Health Care Development Agency on standards for and policies affecting community health workers.		
	Please note responsibility by level of municipality.	At the State and local levels, State and local governments are responsible for hiring, paying, and supervising the CHEWs and JCHEWs. At the local level, community health is also supported by Village Health Committees who are responsible for mobilizing citizens for health care and ensuring appropriate implementation of health care at the community level. Village health committees only exist in communities that do not have access to a health center. NGOs and State governments are responsible for CORPs and engage them as they wish.		
28	What level of responsibility do international and local NGOs have for the program, if any?	NGOs do not have any responsibility for the public sector's community health activities, but do make commitments to support the public sector in a variety of significant ways for limited periods of time. NGOs often provide support for capacity building or training, renovations of buildings and equipment, and technical assistance for planning and implementation. NGOs provide almost exclusive support to CORPs cadres.		
29	Are CHWs linked to the health system? Please describe the mechanism. Yes, CHOs, CHEWs, and JCHEWs are formal health workers who are listed as one of the primary cadres prospective. The CORPs (VHW, CBD, and TBA) are not formally or directly linked to the health system with the exception number of VHWs working with the MOH-funded SURE-P program in certain geographic areas. The CORPs uncontribute to the health system through supplementing services offered by NGOs programs.			

30	Who supervises CHWs? What is the supervision process? Does the government share supervision with NGO/NGOs? If so, please describe how they share supervision responsibilities.	CHOs are supervised by the primary health care coordinator/director, who is a doctor. CHEWs are supervised by the community health officers at primary health care centers. JCHEWs are mentored and supervised by CHEWs; this is formalized through mentorship and expected performance goals and objectives. Annually, CHEWs grade or rate the JCHEWs under their supervision. The government does not share supervision with NGOs for these public-sector workers. The CORPs may be supervised by implementing NGOs and are overseen by JCHEWs.				
31	Where do CHWs refer clients for the next tier of services? Do lower-level cadres refer to the next cadre up (of CHW) at all?	CHOs, CHEWs, and JCHEWs work at the primary health care level and therefore refer clients to secondary health facilities. CORPs cadres work only at the community level and therefore refer clients to primary health care facilities, which have higher-trained staff (this includes both CHEWs and JCHEWs).				
32	Where do CHWs refer clients specifically for FP services? Please note by method.		сно	CHEW	JCHEW	CORPs (TBA, CBD, VHW)
		SDM/ fertility awareness methods (FAM)	Not applicable	Not applicable	Not applicable	Not applicable
		Condoms	Not applicable	Not applicable	Not applicable	Not applicable
		Oral pills	Not applicable	Not applicable	Not applicable	Primary or secondary health care facility for initial supply
		DMPA (IM)	Not applicable	Not applicable for areas with trained CHEWs; Primary or secondary health care facilities	CHEWs in areas where trained; Primary or secondary health care facilities	Primary or secondary health care facilities
		Implants	Secondary or tertiary facilities	Secondary or tertiary health care facilities	Secondary or tertiary health care facilities	Secondary or tertiary health care facilities
		IUDs	Not applicable	Secondary or tertiary health care facilities	Secondary or tertiary health care facilities	Secondary or tertiary health care facilities

		Permanent methods	Secondary or tertiary facilities	Secondary or tertiary health care facilities	Secondary or tertiary health care facilities	Secondary or tertiary health care facilities			
		Emergency contraception	Not applicable	Not applicable	Not applicable	Primary health care facilities; Patent medicine vendors			
33	Are CHWs linked to other community outreach programs?	Yes	Yes						
34	What mechanisms exist for knowledge sharing among CHWs/supervisors?	Both the MOH and NGOs host meetings, seminars, and trainings relevant to community health and all CHEWs. Additionally, the government distributes new and relevant information through information and communications technology (ICT) materials.							
35	What links exist to other institutions (schools, churches, associations, etc.)?	Cadres working at the community level are connected to schools, churches, and/or mosques. In many rural communities there is only one health clinic, but many schools, churches, or mosques. Therefore the links from the health clinic to the institutions are strong and important.							
36	Do vertical programs have separate CHWs or do the programs share or integrate the CHWs?	Both CHEWs and JCHEWs provide an integrated package of services. NGO-supported CORPs cadres provide both integrated and vertical programs depending on the implementing NGO.							
37	Do they have data collection/reporting systems?	CHEWs and JCHEWs are official government health workers who work in both the facility and the community. The data they collect is an integral part of the existing health management information system (HMIS). NGOs also have data collection systems; however, these are separate from the government's and are used primarily for the purposes of donor reporting. A management information system (MIS) was established in late 2013 to allow NGOs to report data to the government.							
38	Describe any financing schemes that may be in place for the program (e.g. donor funding/MOH budget/municipal budget/health center user fees/direct user fees).	The formal cadres are funded through the government's budget. CORPs cadres are financed through donor funding.							
39	How and where do CHWs access the supplies they provide to clients (medicines, FP products, etc.)?	The government is responsible for providing supplies to CHEWs and JCHEWs because their services are part of the public health sector. All supplies necessary to perform their duties are included in the NPHCDA's "Essential Equipment List for Primary Health Care."							

How and where do CHWs dispose of medical waste generated through their services (used needles, etc.)?

All CHOs, CHEWs, and JCHEWs have access to incinerators at primary health care facilities. Medical waste is burned in these incinerators where they are available.

V. POLICIES

41	Is there a stand-alone community health policy? If not, is one underway or under discussion? Please provide a link if available online.	There is no stand-alone community health policy in Nigeria. Nigeria's National Health Policy's objective is to improve accessibility of the population to primary, secondary, and tertiary care with a focus on primary health. As such, community health services are integrated into the Revised National Health Policy 2004.
42	Is the community health policy integrated within overall health policy?	Yes, policies about the provision of services at the community level are integrated into broader health policies, including the National Health Policy.
43	When was the last time the community health policy was updated? (months/years?)	There is no stand-alone community health policy. Nigeria's National Health Policy was last updated in 2004. In addition, the National Primary Health Care Development Agency last updated the Ward Minimum Health Care Package in 2007.
44	What is the proposed geographic scope of the program, according to the policy? (Nationwide? Select regions?)	The National Health Policy calls for implementation of primary health care delivery nationwide; this includes services at the community level.
45	Does the policy specify which services can be provided by CHWs, and which cannot?	Yes, there are policies in place that specify the role of CHWs in providing health services. In addition to policies regarding CHOs, CHEWs, and JCHEWs, policy also notes which services TBAs and VHWs can provide.
46	Are there any policies specific to FP service provision (e.g. CHWs allowed to inject contraceptives)?	Yes, the National FP/RH Policy Guidelines and Standards of Practice 2004, the National Council on Health Approval for Policy Change July 2012, and the <u>Minimum Standards for Primary Health Care</u> . These guidelines allow CHOs to administer IUDs and injectables, and CHEWs (not JCHEWs) to provide injectable contraception. Although JCHEWs are not included in the policy allowing the provision of injectables at the community level, they participated in the pilot study that provided the evidence for the policy change. In some areas JCHEWs do provide injectables where they are supported by NGOs.

VI. INFORMATION SOURCES

Chankova, Slavea, Ha Nguyen, David Chipanta, Gilbert Kombe, Ali Onoja, and Kayode Ogungbemi. September 2006. A Situation Assessment of Human Resources the Public Health Sector in Nigeria. Bethesda, MD: The Partners for Health Reformplus Project, Abt Associates Inc. Available at <a href="https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Ffiles%2F1704_filegon_resource=web&cd=1&cad=rja&ved=0CC4QFjAA&url=http%3A%2F%2Fwww.healthsystems2020.org%2Files%2F1704_filegon_resource=web&cd=1

"Community Health Practitioners Registration Board of Nigeria," last modified 2013, http://chprbn.org.ng/.

Federal Ministry of Health, Federal Republic of Nigeria. 2004. Revised National Health Policy. Abuja: Federal Ministry of Health. Available at http://osgf.dammy.net/payload?id=19d51d38-c75f-4461-91ce-f6a6d2298b87 (accessed December 2013).

Federal Ministry of Health, Federal Republic of Nigeria. 2005. National Family Planning and Reproductive Health Policy Guidelines and Standards of Practice 2004 April 2005 Reprint.

Abuja: Federal Ministry of Health.

Federal Republic of Nigeria. 2007. National Human Resources for Health Strategic Plan 2008-2012. Abuja: Federal Republic of Nigeria.

"National Primary Health Care Development Agency," last modified 2012, http://nphcda.org/.

National Primary Health Care Development Agency, Federal Republic of Nigeria. August 2007. Ward Minimum Health Care Package 2007-2012. Abuja: National Primary Health Care Development Agency.

National Primary Health Care Development Agency, Federal Republic of Nigeria. 2004. A Blueprint for Revitalizing Primary Health Care in Nigeria (September 2004-December 2008). Abuja: National Primary Health Care Development Agency. Available at http://qualihfon.org/index.php?option=com_docman&task=doc_download&gid=9&Itemid=74 (accessed December 2013).

National Primary Health Care Development Agency, Federal Republic of Nigeria. N.d. Minimum Standards for Primary Health Care in Nigeria. Abuja: National Primary Health Care Development Agency. Available at http://nphcda.org/wp-content/uploads/2013/08/Minimum-Standards-for-Primary-Health-Care-in-Nigeria.pdf (accessed December 2013).

"Subsidy Reinvestment and Empowerment Program (Sure-P)," last modified 2013, http://sure-p.gov.ng/mch/.

VII. AT-A-GLANCE GUIDE TO NIGERIA COMMUNITY HEALTH SERVICE PROVISION

Intervention			Community I	Health Officer		Community Health Extension Worker			
Family Planning	Services/Products	Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
	SDM/FAM	×	×			х	×		
	Condoms	×	Х	Х		Х	Х	×	
	Oral pills	Х	Х	Х	×	Х	Х	х	х
	DMPA (IM)	×	Х	X	×	Х	X (where trained)	X (where trained)	х
	Implants	X			X	х			X
	IUDs	X		Х		X			X
	Emergency contraception	×	×	×		×	×	×	
	Permanent methods	×			×	×			×
HIV/AIDS	Voluntary counselling and testing (VCT)	х	X	х	X	x	х	x	x
	Prevention of mother-to-child transmission (PMTCT)	х			×	×			×

Maternal and child health (MCH)	Misoprostol (for prevention of postpartum hemorrhage - PPH)							
	Zinc	Х	Х	Х	×	Х	Х	
	ORS	X	Х	×	×	X	X	
	Immunizations	X	Х	×	×	X	X	
Malaria	Bed nets	×	Х	×	×	×	×	
	IRS	X	×	×	×	×	×	
	Sulphadoxine- pyrimethamine (for treatment of uncomplicated malaria) (SP)	×	х	×	х	×	×	
IMCI	Antibiotics	X	×	×	×	×	×	
Tuberculosis	Diagnosis	×	×	×	×	×	×	
	Case tracing	Х	Х		Х	Х		

Intervention		Juni	or Community He	ealth Extension W	orker	Community Resource Persons			
Family Planning	Services/Products	Information/ education	Counseling	Administered and/or provided product	Referral	Information/ education	Counseling	Administered and/or provided product	Referral
	SDM/FAM	Х	Х			Х	х	х	
	Condoms	х	Х	Х		Х	х	х	
	Oral pills	х	Х	Х	Х	Х	х	X resupply	X resupply
	DMPA (IM)	х			Х	Х			х
	Implants	х			Х	Х			х
	IUDs	х			х	х			х
	Emergency contraception	×	×	×		×			×
	Permanent methods	×			×	×			×
HIV/AIDS	VCT	x	Х		х	х			×
	PMTCT	х			Х	Х			х
мсн	Misoprostol (for PPH)					×			×
	Zinc	х	х	х		х	x	х	
	ORS	х	Х	Х		Х	х	х	
	Immunizations	х	х	х		х	х	х	
Malaria	Bed nets	х	х	х		х	х	х	
	IRS	х	х	х		Х	х	х	
	SP	х	х	х		х	х	х	

IMCI	Antibiotics	×	×	×	×	×	×	
Tuberculosis	Diagnosis	×	×	×				
	Case tracing	×	×					

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